



STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
FIREARMS DIVISION

P.O. Box 820200, Sacramento, CA 94203-0200



DANGEROUS WEAPONS LICENSE/PERMIT(S) APPLICATION

LICENSE/PERMIT(S) DESIRED:

- | | |
|--|--|
| <input type="checkbox"/> Assault Weapon/.50 BMG Rifle Permit (Penal Code sections 12286 & 12287) | <input type="checkbox"/> Machine Gun Permit (Penal Code sections 12230 & 12231) |
| <input type="checkbox"/> Destructive Device Permit (Penal Code section 12305) | <input type="checkbox"/> Short-Barreled Shotgun/Short-Barreled Rifle Permit
(Penal Code sections 12095 & 12096) |
| <input type="checkbox"/> Machine Gun License (Penal Code section 12250) | |

FINGERPRINT REQUIREMENTS:

You must submit your fingerprint impressions before submitting this application form to the Department of Justice (DOJ). To submit fingerprint impressions, you must take a completed Request for Live Scan Service form (BCII 8016) to a Live Scan station. Please refer to www.ag.ca.gov/fingerprints for Live Scan station location information. Have the Live Scan station submit your fingerprint impressions to both DOJ and FBI. You must pay the Live Scan operator a **\$32** DOJ fingerprint processing fee, a **\$24** FBI fingerprint processing fee, as well as the Live Scan operator's fee (Note: the Live Scan operator fee varies by Live Scan site, and the Firearms Division does not regulate or set this price).

The Live Scan operator will provide an Applicant Tracking Identifier (ATI) number on your copy of the Request for Live Scan Service form (BCII 8016). The ATI number documents your fingerprint submissions. You must enter your ATI number on the space below. Failure to do so will result in your application being returned to you unprocessed.

Applicant Tracking Identifier (ATI) number: _____

APPLICANT INFORMATION:

Name (Last)			(First)			(Middle)			M/F		Date of Birth		Driver License Number				
United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO L _____														Country of Citizenship		Alien Registration # or I-94 #	
Social Security Number						Hair Color			Eye Color			Height		Weight			
Physical Address						City		County		State		Zip Code		() _____ Daytime Telephone Number			
Mailing Address (if different)						City		County		State		Zip Code		() _____ Home Telephone Number			

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PERSONAL INFORMATION:

Current Employer Business Name		Current Employer Business Address, City, State and Zip Code			
Current Supervisor's Name		Current Employer Telephone			
Past Employer Business Name (Past 5 years; if necessary, use additional sheet)		Past Employer Business Address, City, State and Zip Code			
Past Supervisor's Name		Past Employer Telephone			
Spouse's Name (Last)	(First)	(Middle)	M/F	Spouse's Date of Birth	Spouse's Driver License Number
Spouse's Residence Address City County State Zip Code					Spouse's Telephone Number

Please answer the following questions. If you answer "Yes" to any of the following questions, please provide a full explanation on a separate sheet. Include dates, places, agencies, dispositions, etc.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been arrested, cited, or charged with an offense, including traffic violations and juvenile arrests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you now a party in any lawsuit or legal action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have or have you had any physical or mental disabilities that would affect the safe handling of dangerous weapons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been adjudicated by a court as being a danger to others or been committed to any mental institution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever abused drugs or alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been discharged from the armed forces under conditions other than honorable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever had a business or firearms license revoked, suspended, or denied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever been associated with a person or business having a firearms license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REFERENCES:

1st Reference Name	()	Telephone Number is (check one):			
1st Reference Telephone Number		<input type="checkbox"/> Residence <input type="checkbox"/> Business			
1st Reference Address	City	County	State	Zip Code	Address is (check one):
					<input type="checkbox"/> Residence <input type="checkbox"/> Business
2nd Reference Name	()	Telephone Number is (check one):			
2nd Reference Telephone Number		<input type="checkbox"/> Residence <input type="checkbox"/> Business			
2nd Reference Address	City	County	State	Zip Code	Address is (check one):
					<input type="checkbox"/> Residence <input type="checkbox"/> Business
3rd Reference Name	()	Telephone Number is (check one):			
3rd Reference Telephone Number		<input type="checkbox"/> Residence <input type="checkbox"/> Business			
3rd Reference Address	City	County	State	Zip Code	Address is (check one):
					<input type="checkbox"/> Residence <input type="checkbox"/> Business

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BUSINESS INFORMATION:

					<u>Applicant Last Name</u>		<u>First Name</u>	
					()			
Business Name					Business Telephone Number			
Physical Address		City	County	State	Zip Code	Number of Years This Location		
Mailing Address (if different)		City	County	State	Zip Code			
Previous Physical Address (if at current location less than 3 years)		City	County	State	Zip Code			

This business is:

- ☐ Individually Owned
- ☐ A Partnership
- ☐ A Corporation
- ☐ Joint Venture
- ☐ Other, Specify: _____

This applicant is:

- ☐ Owner
- ☐ Partner
- ☐ Stockholder
- ☐ Employee/Agent
- ☐ Consultant/Contractor
- ☐ Other, Specify: _____

GOOD CAUSE FOR ISSUANCE OF LICENSE/PERMIT:

11 CCR 972 (b) states that no dangerous weapons license or permit shall be issued to any applicant who fails to establish good cause for such license or permit and that such license or permit would not endanger the public safety. *11 CCR 972 (c)* requires applicants to provide clear and convincing evidence that there is a bona fide market or public necessity for the issuance of a dangerous weapons license or permit and that the applicant can satisfy that need without endangering the public safety. *11 CCR 972 (c)* also enumerates the good causes recognized by DOJ to establish the bona fide necessity of issuance of a dangerous weapons license or permit. Below, please describe the clear and convincing evidence of the necessity for the issuance of a dangerous weapons license or permit to you and your ability to satisfy that necessity without endangering the public safety (use additional sheet(s) as necessary):

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Applicant Last Name

First Name

CERTIFICATION:

I declare under penalty of perjury (Sections 118, et seq., and 672 PC) that all statements made by me on this application are true and complete. I expressly authorize DOJ to perform firearms eligibility checks of all relevant state and federal databases, including the National Instant Criminal Background Check System (NICS). I also expressly authorize DOJ to perform a background investigation into my suitability as a dangerous weapons license/permit holder. I understand that if I furnish any incorrect information or omit any information required on this application or required by the DOJ background investigator, I can be denied the license/permit(s) I seek. I have read and I understand the applicable statutes and regulations pertaining to dangerous weapons license and permits and I agree to abide by them.

Signature

Date

FEES:

The Firearms Division initial dangerous weapons license/permit fee (minus the \$32 state and \$24 federal fingerprint fees already paid to obtain fingerprint impressions at an approved Live Scan Station), is **\$321** for the first license or permit, plus **\$22** for each additional license or permit.

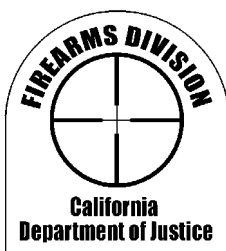
While dangerous license permit inspection fees pursuant to Penal Code sections 12099, 12234, 12289.5, and 12305 (f) and (g) do not apply to the initial application, please remain mindful inspection fees are charged with each renewal application at the following rates: 0 to 4 inventory, \$165; 5 to 25 inventory, \$750; 26 or more inventory, \$1,500; out-of-state permit holders with no California based location, \$100.

APPLICATION SUBMISSION:

A completed dangerous weapons application package consists of: this completed form, including your ATI number obtained from the Live Scan operator upon your submission of your fingerprint impressions; all applicable documentation of necessity as required by Article 3.5 of Chapter 12.5 of Division 1 of Title 11 of the California Code of Regulations, commencing with *11 CCR 972.4* (all federal, state, and local licenses as required, as well as all relevant reference letters and other forms of documentation of necessity as applicable); and a check or money order remittance in the proper amount, payable to Department of Justice.

Submit your completed application package to:

CALIFORNIA DEPARTMENT OF JUSTICE
FIREARMS DIVISION - DW
P.O. BOX 820200
SACRAMENTO, CA 94203-0200



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400
Code assigned by DOJ

Type of Application: Dangerous Weapons Lic/Per

Job Title or Type of License, Certification or Permit:

Dangerous Weapons

Agency Address Set Contributing Agency:

Department of Justice, Firearms Division

02878

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. Box 820200

Firearms Lic. Permits Unit

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento, California

94203-0200

916-227-3694

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(please print)

Last

First

MI

Alias:

Last

First

Driver's License No.

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. BIL-

N/A

Agency Billing Number (if applicable)

Height:

Weight::

Misc. No:

Eye Color:

Hair Color:

Home Address:

Street or P.O. Box

Place of Birth:

City, State and Zip Code

SOC:

Your Number:

N/A

OCA No. (Agency Identifying No.)

Level of Service

DOJ:

☒

FBI:

☒

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

N/A

N/A

Employer Name

N/A

Street No.

Street or P.O. Box

N/A

Mail Code (five digit code assigned by DOJ)

N/A

()

N/A

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Date:

Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400

Code assigned by DOJ

Type of Application: Dangerous Weapons Lic/Per

Job Title or Type of License, Certification or Permit:

Dangerous Weapons

Agency Address Set Contributing Agency:

Department of Justice, Firearms Division

02878

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. Box 820200

Firearms Lic. Permits Unit

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento, California

94203-0200

916-227-3694

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(please print)

Last

First

MI

Alias:

Last

First

Driver's License No.

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. BIL-

N/A

Agency Billing Number (if applicable)

Height:

Weight::

Misc. No:

Eye Color:

Hair Color:

Home Address:

Street or P.O. Box

Place of Birth:

City, State and Zip Code

SOC:

Your Number:

N/A

OCA No. (Agency Identifying No.)

Level of Service

DOJ:

☒

FBI:

☒

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

N/A

N/A

Employer Name

N/A

Street No.

Street or P.O. Box

N/A

Mail Code (five digit code assigned by DOJ)

N/A

()

N/A

City

State

Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Date:

Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed